

## Authorization Comments

354705 / POLING, STEVEN D 710954107  
 DOB: 07-15-1967 Cat Sex: M Status: T 06-30-2012 Cat: N  
 Case Id 733284134 Auth Id 738684134 Auth Type COLLEGIAL DISCUSSION ONLY  
 Facility/Prov ASHOK KRISHNASWAMY, MD Attending  
 Beg DOS An/Ac 04-28-2011 / End DOS An/Ac /

Authorization Comment

Type

MEDICAL COMMENTS

Prev

Next

Resolution

Comment

RCVD REQUEST FOR ORTHO EVAL PRESENTED IN COLLEGIAL BY DR. ATAZIA  
 VM HAD INJURY THREE YEAS AGO C/O NECK PAIN X-RAY NEG NO WEAKNESS  
 REVIEWED AND PENDED BY DR. SMITH CONTINUE CONSERVATIVE TX

Update

Cancel

{044911.DOCX}

WEXUMRECS000001

## Authorization Comments

354705 / POLING, STEVEN D 710954107  
DOB: 07-15-1967 Cat: Sex: M Status: T 06-30-2012 Col: N  
Case Id 885470818 Auth Id 894740818 Auth Type 04 - CLINIC/ONSITE  
Facility/Prov RYAN PHYSICAL THERAPY Attending  
Beg DOS An/Ac 08-24-2011 / End DOS An/Ac /

Authorization Comment

Type  
MEDICAL COMMENTS

Prev Next

Resolution

Comment  
RCVD REQUEST FOR ONSITE PHYSICAL THERAPY DUE TO C/O LEFT SIDED  
NECK PAIN WITH RADICULOPATHY TO THE RUE. NO IQ CRITERIA FOUND. WAS  
DISCUSSED IN COLLEGIAL BETWEEN DR SMITH AND PASTAUB, APPROVED.

Update Cancel

## Authorization Comments

354705 / POLING, STEVEN D 710954107

DOB: 07-15-1987 Cat: Sex: M Status: T 06-30-2012 Coh: N

Case Id 751731512 Auth Id 763881512 Auth Type 49 - PHYSIATRY

Facility/Prov CENTER FOR REHAB, PAIN MG Attending

Beg DOS An/Ac 11-02-2011 / End DOS An/Ac /

Authorization Comment

Type  
MEDICAL COMMENTS

Resolution

Comment  
RCVD REQUEST FOR PHYSIATRY EVAL C/O CHRONIC NECK PAIN, NUMBNESS  
L ARM CANNOT FAN FINGERS 3RD AND 4TH AND 5TH DECREASED ROM  
FAILED PT NO IQ PRESENTED IN COLLEGIAL BY PA MACDONALD AND  
REVIEWED AND APPROVED BY DR. SMITH

Update Cancel

## Authorization Comments

354705 / POLING, STEVEN D 710954107  
DOB: 07-15-1967 Cat: Sex: M Status: T 06-30-2012 Cob: N  
Case Id 045881968 Auth Id 057921968 Auth Type 04 - CLINIC/ONSITE  
Facility/Prov RYAN PHYSICAL THERAPY Attending  
Beg DOS An/Ac 12-14-2011 / End DOS An/Ac /

Authorization Comment

Type  
MEDICAL COMMENTS

Prev Next

Resolution

Comment  
RCVD REQUEST FOR PT OFFSITE WAS SEEN BY PHYSIATRY AND RECOMENDS  
OFF SITE PT FOR TRACTION ONSITE DID NOT HELP NO IQ PRESENTED IN  
COLLEGIAL BY PA STAUB AND REVIEWED AND APPROVED BY DR. SMITH

Update Cancel

## Authorization Comments

354705 / POLING, STEVEN D 710954107  
DOB: 07-15-1967 Cat: Sex: M Status: T 06-30-2012 Cdx: N  
Case Id 045881968 Auth Id 057921968 Auth Type 04 - CLINIC/ONSITE  
Facility/Prov RYAN PHYSICAL THERAPY Attending  
Beg DOS An/Ac 12-14-2011 / End DOS An/Ac /

Authorization Comment

Type  
MEDICAL COMMENTS

Resolution

Comment  
On-site physical therapist stated he can provide services onsite changed from off-site to on-site approved by Dr Smith.

Update Cancel



## Authorization Comments

354705 / POLING, STEVEN D 710954107

DOB: 07-15-1987 Cat: Sex: M Status: T 06-30-2012 Cob: N

Case Id 197903053 Auth Id 217103053 Auth Type ER - A - \_EMERGENCY ROOM

Facility/Prov MERITUS MEDICAL CENTER, I Attending

Beg DOS An/Ac 01-15-2012 / 01-15-2012 End DOS An/Ac 01-15-2012 / 01-15-2012

Authorization Comment

Type  
MEDICAL COMMENTS

Resolution

Comment  
ford fax - IM SENT FROM MCIH TO MMC ER VIA AMBULANCE ON 1/15/2012  
ACUTE ABD DISCOMFORT, R/O DIVERTICULOSIS  
ER ONLY PER EMAIL FROM REBA MCCUSKER @ MMC

Update Cancel

## Authorization Comments

354705 / POLING, STEVEN D 710954107  
DOB: 07-15-1967 Cat: Sex: M Status: T 06-30-2012 Cbx: N  
Case Id 527051639 Auth Id 538161639 Auth Type OPH - OUTPAT/HOSPITAL  
Facility/Prov BON SECOURS BHS - HOSPITA Attending  
Beg DOS An/Ac 02-23-2012 / End DOS An/Ac /

Authorization Comment

Type  
MEDICAL COMMENTS

Resolution

Comment  
CDO BETWEEN DR SMITH AND PA E. STAUB REGARDING A REQUEST FOR A MRI OF THE HEAD DUE TO ONE SIDED PAIN AN HEADACHE. DR SMITH REQUESTED ADD'L INFORMATION DR ALI TO RE-EVAL IM AND REPRESENT IN 1-2 WEEKS.

Update Cancel

## Authorization Comments

354705 / POLING, STEVEN D 710954107  
DOB: 07-15-1967 Cat: Sex: M Status: T 06-30-2012 Cob: N  
Case Id 527051839 Auth Id 536181839 Auth Type OPH - OUTPAT/HOSPITAL  
Facility/Prov BON SECOURS BHS - HOSPITA Attending  
Beg DDS An/Ac 02-23-2012 / End DDS An/Ac /

Authorization Comment

Type  
MEDICAL COMMENTS

Resolution

Comment  
REPRESENTED C/O NUMBNESS BOTH UPPER AND LOWER EXTREMITIES  
NEED TO R/O BRAIN NEOPLASM MEETS IQ REVIEWED AND APPROVED BY DR.  
SMITH

Prev Next

Update Cancel



**Authorization Comments**

|                 |                           |              |                                       |
|-----------------|---------------------------|--------------|---------------------------------------|
| 354705          | / POLING, STEVEN D        |              | 710954107                             |
| DOB: 07-15-1967 | Cat:                      | Sex: M       | Status: T 06-30-2012 Coh: H           |
| Case Id         | 034680869                 | Auth Id      | 053820869                             |
| Auth Type       | 01 - INPATIENT/HOSP       |              |                                       |
| Facility/Prov   | BON SECOURS BHS - HOSPITA |              |                                       |
| Attending       | JN SECOURS BHS - HOSPITA  |              |                                       |
| Reg DOS An/Ac   | 02-27-2012                | / 02-27-2012 | End DOS An/Ac 02-29-2012 / 02-29-2012 |

Authorization Comment

Type  
MEDICAL COMMENTS

Resolution

Comment  
IM SENT FROM MCHH TO BSH VIA AMBULANCE ON 2/27/2012 AS A DIRECT ADMIT  
PER CALL FROM SITE - R/O MS

Prev Next

Update Cancel